MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/529782

FILING DATE

APPLICANT(S) [redacted]

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
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29	28	28				
30		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	27					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						